

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): San Diego Fiscal Year: 2006-07

Program Workplan #: OA-1 Date: 2/28/06

Program Workplan Name: High Utilizer Integrated Services & Supported Housing Page: 1 of 6

Type of Funding: 1. Full Service Partnership Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 83 New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 Prepared by: Michelle Peterson

Client Capacity of Program/Service Expanded through MHSA: 83 Telephone Number: (619) 563-2715

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------|-----------------------------|--|-------------|
| A. Expenditures | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | |
| a. Clothing, Food and Hygiene | | | | \$0 |
| b. Travel and Transportation | | | | \$0 |
| c. Housing | | | | |
| i. Master Leases | | | | \$0 |
| ii. Subsidies | | | | \$0 |
| iii. Vouchers | | | | \$0 |
| iv. Other Housing | | | | \$0 |
| d. Employment and Education Supports | | | | \$0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | \$0 |
| f. Total Support Expenditures | \$0 | \$0 | \$0 | \$0 |
| 2. Personnel Expenditures | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | \$0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | | | | \$0 |
| c. Employee Benefits | | | | \$0 |
| d. Total Personnel Expenditures | \$0 | \$0 | \$0 | \$0 |
| 3. Operating Expenditures | | | | |
| a. Professional Services | | | | \$0 |
| b. Translation and Interpreter Services | | | | \$0 |
| c. Travel and Transportation | | | | \$0 |
| d. General Office Expenditures | | | | \$0 |
| e. Rent, Utilities and Equipment | | | | \$0 |
| f. Medication and Medical Supports | | | | \$0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | \$0 |
| h. Total Operating Expenditures | \$0 | \$0 | \$0 | \$0 |
| 4. Program Management | | | | |
| a. Existing Program Management | | | | \$0 |
| b. New Program Management | | | | \$0 |
| c. Total Program Management | | \$0 | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$996,000 | | | \$996,000 |
| 6. Total Proposed Program Budget | \$996,000 | \$0 | \$0 | \$996,000 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | |
| a. Medi-Cal (FFP only) | | | | \$0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | \$0 |
| c. Realignment | | | | \$0 |
| d. State General Funds | | | | \$0 |
| e. County Funds | | | | \$0 |
| f. Grants | | | | \$0 |
| g. Other Revenue | | | | \$0 |
| h. Total Existing Revenues | \$0 | \$0 | \$0 | \$0 |
| 2. New Revenues | | | | |
| a. Medi-Cal (FFP only) | \$96,000 | | | \$96,000 |
| b. Medicare/Patient Fees/Patient Insurance | | | | \$0 |
| c. State General Funds | | | | \$0 |
| d. Other Revenue | | | | \$0 |
| e. Total New Revenue | \$96,000 | \$0 | \$0 | \$96,000 |
| 3. Total Revenues | \$96,000 | \$0 | \$0 | \$96,000 |
| C. One-Time CSS Funding Expenditures | \$1,360,946 | | | \$1,360,946 |
| D. Total Funding Requirements | \$2,260,946 | \$0 | \$0 | \$2,260,946 |
| E. Percent of Total Funding Requirements for Full Service Partnerships | | | | 100.0% |

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

| | |
|--|---|
| County(ies): <u>San Diego</u> | Fiscal Year: <u>FY 06-07</u> |
| Program Workplan # <u>OA-1</u> | Date: <u>2/28/06</u> |
| Program Workplan Name <u>High Utilizer Integrated Services & Supported Housing</u> | Page: <u>2 of 6</u> |
| Type of Funding <u>1. Full Service Partnership</u> | Months of Operation <u>12</u> |
| Proposed Total Client Capacity of Program/Service: <u>83</u> | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u> | Prepared by: <u>Michelle Peterson</u> |
| Client Capacity of Program/Service Expanded through MHSA: <u>83</u> | Telephone Number: <u>(619) 563-2715</u> |

| Classification | Function | Client, FM & CG FTEs ^{a/} | Total Number of FTEs | Salary, Wages and Overtime per FTE ^{b/} | Total Salaries. Wages and Overtime |
|--------------------------------------|--|---------------------------------------|-------------------------|--|--|
| A. Current Existing Positions | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | Total Current Existing Positions | 0.00 | 0.00 | | \$0 |
| B. New Additional Positions | Team Leader | | 1.00 | | \$0 |
| | Geriatric Psychiatrist | | 0.50 | | \$0 |
| | Nurse Practitioner | | 0.50 | | \$0 |
| | Geriatric Psychiatric Nurse | | 2.00 | | \$0 |
| | Geriatric Mental Health Clinician, Licensed | | 3.00 | | \$0 |
| | Unlicensed Mental Health Clinician/Intern | | 1.00 | | \$0 |
| | Peer/ Family Specialist | 1.50 | 1.50 | | \$0 |
| | Program Assistant | | 1.00 | | \$0 |
| | Substance Abuse Specialist | | 0.50 | | \$0 |
| | Employment Specialist | | 0.50 | | \$0 |
| | *At least 50% of all staff are bilingual/bicultural | | | | \$0 |
| | These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals. | | | | |
| | | | | | \$0 |
| | | | | | \$0 |
| | Total New Additional Positions | 1.50 | 11.50 | | \$0 |
| C. Total Program Positions | | 1.50 | 11.50 | | \$0 |

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2006-07 Page: 3 of 6
 Program Workplan #: OA-1 Date: 02/28/06
 Program Workplan Name: High Utilizer Integrated Services & Supported Housing
 Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

| <u>Line #</u> | <u>Amount</u> | <u>Description / Justification</u> |
|---------------|---------------|---|
| A.5 | \$996,000 | Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2006 - June 30, 2007. |
| B.2.a | \$96,000 | If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services. |
| C | \$1,360,946 | One-Time CSS Funding Expenditures are the sum of the following: One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. The majority of start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation for clients (if needed). Additionally, these funds may be used to secure or expand office space. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the first quarter of FY 06-07 between July 1, 2006 - September 30, 2006. One-time CSS funding for continuum of housing options will begin to be expended in the first quarter of FY 06-07 and continue until the funds are depleted. Our estimate of \$1,095,600 is based on 83 housing units for older adults at an annual cost of \$13,200. This figure is from our research of the housing market for San Diego which has single residency occupancy rates ranging from \$878-\$1,137/month. Given that this info was from a 2001 survey and housing costs continue to rise in San Diego County, we based our estimates on \$1,100 per month. This program is currently soliciting requests for proposals from potential providers to begin in FY 2006/07 with requests to develop an array of options ranging from short term temporary housing, transitional supported housing and permanent supported housing to ensure client success. These OT housing funds are expected to be replaced with MHSA Capital Improvement funds in future years as a long term strategy to secure permanent housing options for clients. One-time CSS funding for Geriatric Assessment Outcome Base Treatment Plan to develop a integrated survey system for electronic data collection, outcomes analysis and data management. This amount was determined by our discussions with Steven Bartels to pilot and develop the instruments in collaboration with Orange and Riverside County. These start-up costs will begin to be expended in the first quarter of FY 06-07 between July 1, 2006 - September 30, 2006 and is expected to take up to 18 months to complete the pilot study. This amount is our best estimate to begin this type of endeavor and additional funds may be needed later on to support ongoing data collection and refinements. One-time CSS funding for training includes estimated Assertive Community Treatment (ACT) Technical Assistance (\$23,500), Copeland's Wellness Recovery Action Plan (WRAP) (\$1,250), Deegan's Intentional Care Guidelines (\$1,500) and Bartels' Evidence Based Care training (\$5,250). The ACT technical assistance amounts are based on the low end of the National Alliance for Mental Ill (NAMI) recommendations for such, recognizing that our County already uses aspects of the ACT model. Therefore, we estimated a total of \$117,500 for all 5 of the MHSA FSP ACT teams (A-1/(Team(T) 1), A-1/(T2), A-2 (T3), TAY-1 (T4), and OA-1 (T5)) which is \$23,500 per team for ACT consultation, technical assistance and related training and materials. For WRAP, \$1,250 is for materials and to hire a WRAP-certified consultant to for training. For Deegan's Intentional Care, \$1,500 will purchase proprietary training materials. For Bartel's Evidence Based Care, \$5,250 will be for training staff/providers on how to use the integrated survey system developed in the pilot study (see above). These training costs will be expended in the first half of FY 06-07. One-time CSS funding to purchase a van in the first quarter of FY 06-07 for the program to transport clients. This estimate was based on blue book values for a used van. |
| D | \$2,260,946 | Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures. |

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): San Diego Fiscal Year: 2007-08
 Program Workplan #: OA-1 Date: 2/28/06
 Program Workplan Name: High Utilizer Integrated Services & Supported Housing Page: 4 of 6
 Type of Funding: 1. Full Service Partnership Months of Operation: 12
 Proposed Total Client Capacity of Program/Service: 83 New Program/Service or Expansion: New
 Existing Client Capacity of Program/Service: 0 Prepared by: Michelle Peterson
 Client Capacity of Program/Service Expanded through MHSA: 83 Telephone Number: (619) 563-2715

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------|-----------------------------|--|-----------|
| A. Expenditures | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | |
| a. Clothing, Food and Hygiene | | | | \$0 |
| b. Travel and Transportation | | | | \$0 |
| c. Housing | | | | |
| i. Master Leases | | | | \$0 |
| ii. Subsidies | | | | \$0 |
| iii. Vouchers | | | | \$0 |
| iv. Other Housing | | | | \$0 |
| d. Employment and Education Supports | | | | \$0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | \$0 |
| f. Total Support Expenditures | \$0 | \$0 | \$0 | \$0 |
| 2. Personnel Expenditures | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | \$0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | | | | \$0 |
| c. Employee Benefits | | | | \$0 |
| d. Total Personnel Expenditures | \$0 | \$0 | \$0 | \$0 |
| 3. Operating Expenditures | | | | |
| a. Professional Services | | | | \$0 |
| b. Translation and Interpreter Services | | | | \$0 |
| c. Travel and Transportation | | | | \$0 |
| d. General Office Expenditures | | | | \$0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | \$0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | \$0 |
| h. Total Operating Expenditures | \$0 | \$0 | \$0 | \$0 |
| 4. Program Management | | | | |
| a. Existing Program Management | | | | \$0 |
| b. New Program Management | | | | \$0 |
| c. Total Program Management | | \$0 | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$996,000 | | | \$996,000 |
| 6. Total Proposed Program Budget | \$996,000 | \$0 | \$0 | \$996,000 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | |
| a. Medi-Cal (FFP only) | | | | \$0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | \$0 |
| c. Realignment | | | | \$0 |
| d. State General Funds | | | | \$0 |
| e. County Funds | | | | \$0 |
| f. Grants | | | | |
| g. Other Revenue | | | | \$0 |
| h. Total Existing Revenues | \$0 | \$0 | \$0 | \$0 |
| 2. New Revenues | | | | |
| a. Medi-Cal (FFP only) | \$96,000 | | | \$96,000 |
| b. Medicare/Patient Fees/Patient Insurance | | | | \$0 |
| c. State General Funds | | | | \$0 |
| d. Other Revenue | | | | \$0 |
| e. Total New Revenue | \$96,000 | \$0 | \$0 | \$96,000 |
| 3. Total Revenues | \$96,000 | \$0 | \$0 | \$96,000 |
| C. One-Time CSS Funding Expenditures | | | | \$0 |
| D. Total Funding Requirements | \$900,000 | \$0 | \$0 | \$900,000 |
| E. Percent of Total Funding Requirements for Full Service Partnerships | | | | 100.0% |

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

| | |
|---|--|
| County(ies): <u>San Diego</u> | Fiscal Year: <u>FY 07-08</u> |
| Program Workplan #: <u>OA-1</u> | Date: <u>2/28/06</u> |
| Program Workplan Name: <u>High Utilizer Integrated Services & Supported Housing</u> | Page: <u>5 of 6</u> |
| Type of Funding: <u>1. Full Service Partnership</u> | Months of Operation: <u>12</u> |
| Proposed Total Client Capacity of Program/Service: <u>83</u> | New Program/Service or Expansion: <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u> | Prepared by: <u>Michelle Peterson</u> |
| Client Capacity of Program/Service Expanded through MHSA: <u>83</u> | Telephone Number: <u>(619) 563-2715</u> |

| Classification | Function | Client, FM & CG FTEs ^{a/} | Total Number of FTEs | Salary, Wages and Overtime per FTE ^{b/} | Total Salaries. Wages and Overtime |
|--------------------------------------|--|---------------------------------------|-------------------------|--|--|
| A. Current Existing Positions | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | Total Current Existing Positions | 0.00 | 0.00 | | \$0 |
| B. New Additional Positions | Team Leader | | 1.00 | | \$0 |
| | Geriatric Psychiatrist | | 0.50 | | \$0 |
| | Nurse Practitioner | | 0.50 | | \$0 |
| | Geriatric Psychiatric Nurse | | 2.00 | | \$0 |
| | Geriatric Mental Health Clinician, Licensed | | 3.00 | | \$0 |
| | Unlicensed Mental Health Clinician/Intern | | 1.00 | | \$0 |
| | Peer/ Family Specialist | 1.50 | 1.50 | | \$0 |
| | Program Assistant | | 1.00 | | \$0 |
| | Substance Abuse Specialist | | 0.50 | | \$0 |
| | Employment Specialist | | 0.50 | | \$0 |
| | *At least 50% of all staff are bilingual/bicultural | | | | \$0 |
| | These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals. | | | | |
| | | | | | \$0 |
| | | | | | \$0 |
| | Total New Additional Positions | 1.50 | 11.50 | | \$0 |
| C. Total Program Positions | | 1.50 | 11.50 | | \$0 |

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego

Fiscal Year: 2007-08

Page: 6 of 6

Program Workplan #: OA-1

Date: 02/28/06

Program Workplan Name: High Utilizer Integrated Services & Supported Housing

Type of Funding: 1. Full Service Partnership

New Program/Service or Expansion: New

| <u>Line #</u> | <u>Amount</u> | <u>Description / Justification</u> |
|---------------|---------------|--|
| A.5 | \$996,000 | Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008. |
| B.2.a | \$96,000 | If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services. |
| D | \$900,000 | Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures. |